

Name  
in  
Full

Robinson J. Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

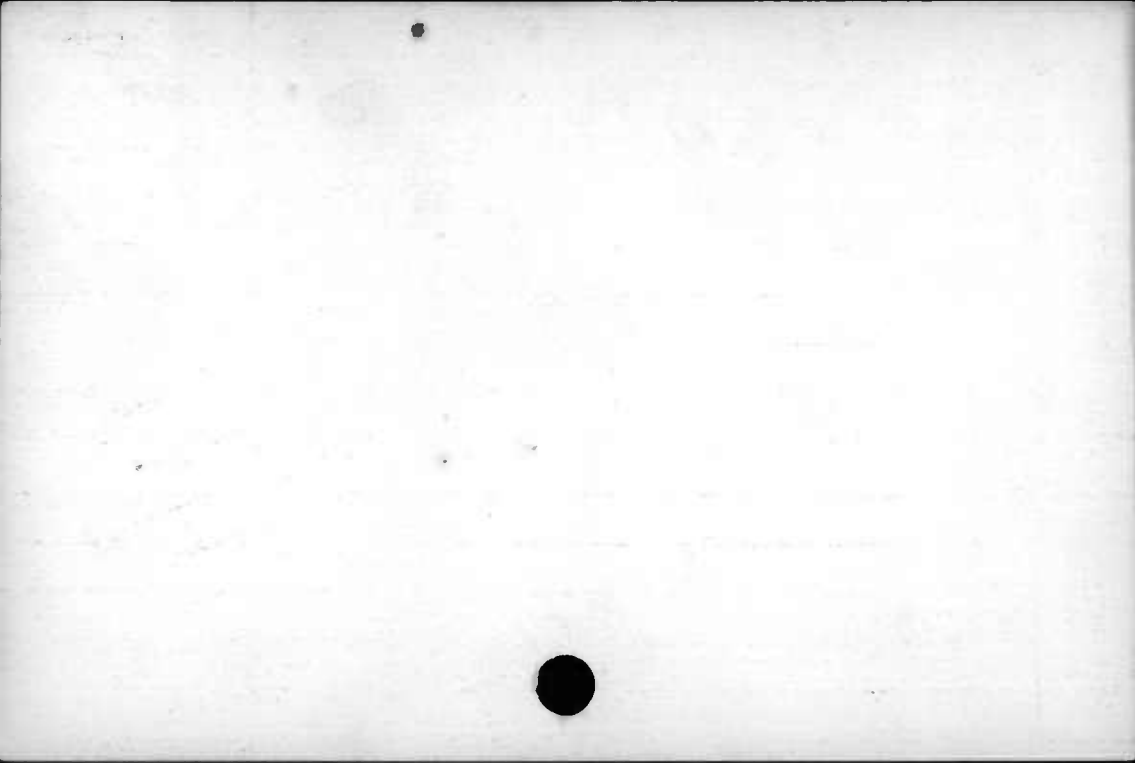
Died at		Town Sharptown		County Wicomico		MARYLAND	
Date of death		1908	Month Aug	Day 15	Age	Years 7	Months 6
Sex male		Color or Race White		Birth-place Sharptown			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		E. J. Bennett				Father's Birthplace Sharptown	
Mother's Maiden Name		Orpha J. Robinson				Mother's Birthplace " "	
Name of person giving information		Orpha J. Bennett				How related to deceased Mother	

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	Inguinal Hernia (double)	How long	7 mo. 6 days
Immediate	General weakness & convulsions	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yer.	
Signature of Physician		W. H. Gassaway	
Address		Sharptown Md	
Accident or Suicide?			

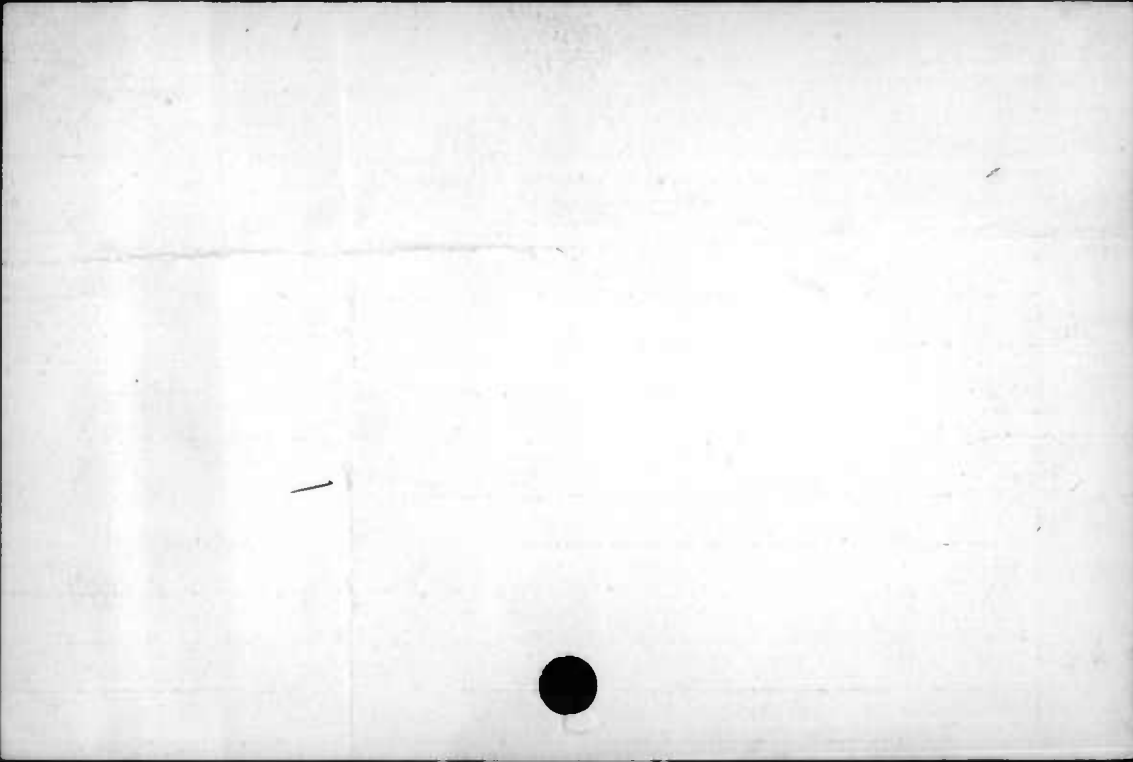


Name in Full <b>Eunice Bradley Catlin</b>		CERTIFICATE OF DEATH	
Died at <b>near White Haven</b> <small>Town</small>		<b>Wicomico</b> <small>County</small>	
Date of death <b>1908</b> <small>Month</small> <b>August</b> <small>Day</small> <b>6</b>		<b>9</b> <small>Months</small> <b>2</b> <small>Days</small>	
Sex <b>Female</b>		Color or Race <b>White</b>	
Occupation		Birth-place <b>near White Haven</b>	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <b>Geo. W. Catlin</b>		Father's Birthplace <b>near Quantico</b>	
Mother's Maiden Name <b>Gulga. L. Bradley</b>		Mother's Birthplace <b>near Sharptown</b>	
Name of person giving information <b>Glen. Catlin</b>		How related to deceased <b>Wife</b>	
<b>CAUSES OF DEATH</b>			
Primary <b>Prolonged Illness</b>		How long <b>3 days</b>	
Immediate <b>Heart failure</b>		How long <b>longer</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Howard Zuch</b>	
		Address <b>Quantico Md.</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

105



Name  
in  
Full

Herbert G. Chatham

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico **MARYLAND**  
 Date of death 1908 <sup>Month</sup> Aug. <sup>Day</sup> 12<sup>th</sup> <sup>Years</sup> Age 1 <sup>Months</sup> 1 <sup>Days</sup> 24  
 Sex <sup>A</sup> Male Color or Race White Birth-place Salisbury  
 Occupation None Where Residing if not at place of death  
 Married, Single or Widowed Single Name of Wife or Husband None  
 Father's Name F. M. Chatham Father's Birthplace Kansas  
 Mother's Maiden Name Lillian M. Rankin Mother's Birthplace Delaware  
 Name of person giving Information F. M. Chatham How related to deceased Father

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

105

Primary Quads - Enteritis How long 3 weeks  
 Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above? So far

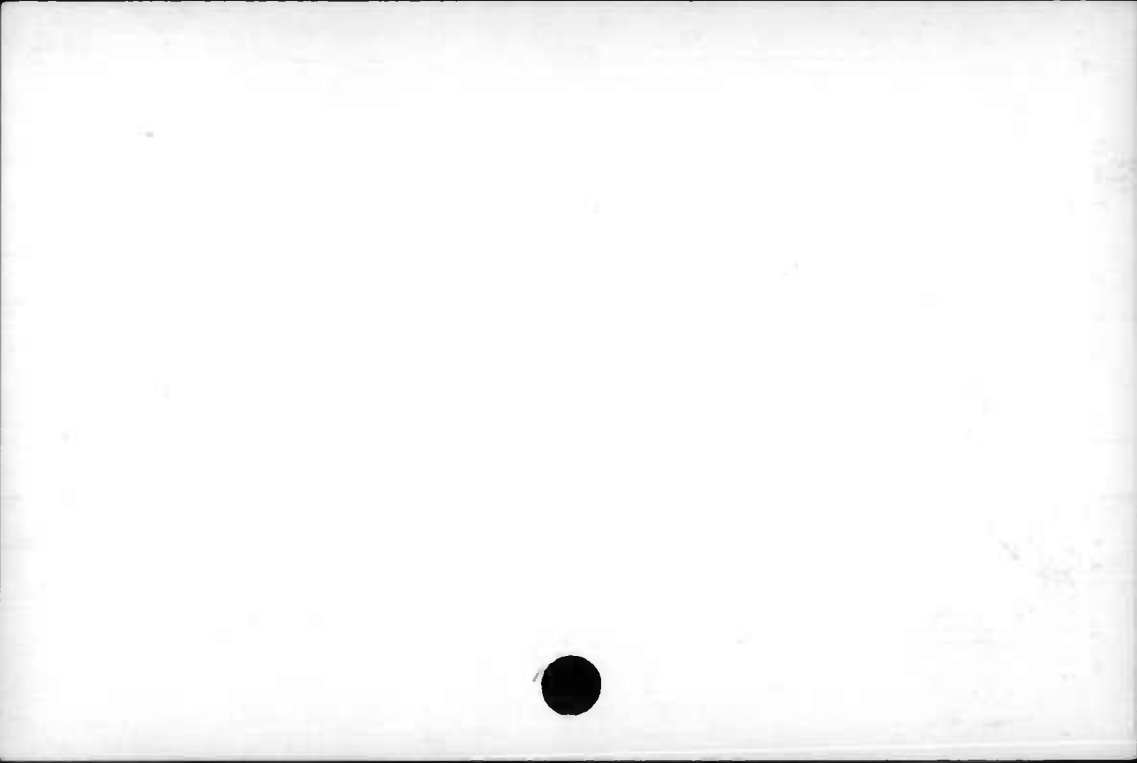
Signature of Physician

Address

as I know

Accident or Suicide No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Amanda Dashnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

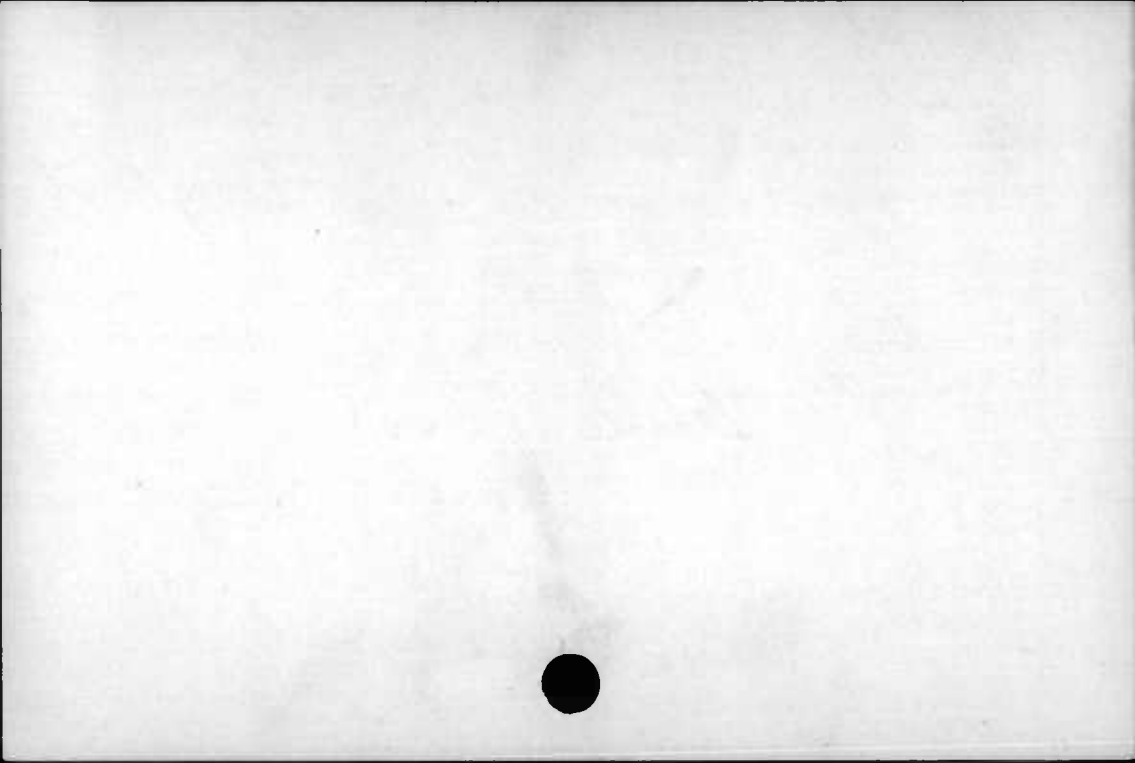
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1908</u> Month <u>Aug</u> Day <u>24</u>	Age	<u>76</u> Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
<del>Married</del> Single		Name of Wife or Husband			
Father's Name	<u>Jacob Wilson</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Patience Dashnell</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Mary Messick</u>			How related to deceased	<u>Daughter</u>

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>Arterio-Sclerosis</u>	How long	<u>Several years</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>I know</u>		<u>J. M. Davis</u>	
Accident or Suicide? <u>No</u>		Address <u>Salisbury, Md</u>	





Name  
in  
Full

Sarah J Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup>	<u>Aug</u> <sup>Day</sup>	<u>30</u> <sup>Years</sup>	Age <u>30</u>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>near Salisbury Md</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Charles E. Davis</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Caroline Smack</u>	How related to deceased <u>Other</u>				
Name of person giving Information <u>Charles E. Davis</u>					

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary <u>General tuberculosis (?)</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Davis</u>
<u>as I know</u>	Address <u>Salisbury, Md</u>
Accident or Suicide <u>No</u>	

C. J. Evans & Son  
Berlin

Name  
in  
Full

CERTIFICATE OF DEATH

Rae Siskman

Town Delmar County Delaware

MARYLAND

Died at

Date

of death 1908

Month 8

Day 7

Age

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Delmar

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

W. L. Siskman

Father's  
Birthplace

Na

Mother's  
Maiden Name

Sadie Henry

Mother's  
Birthplace

Ark

Name of person giving  
in formation

R. C. Henry

How related  
to deceased

Cousin

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

6 day

Immediate

Convulsion

How long

4 hour

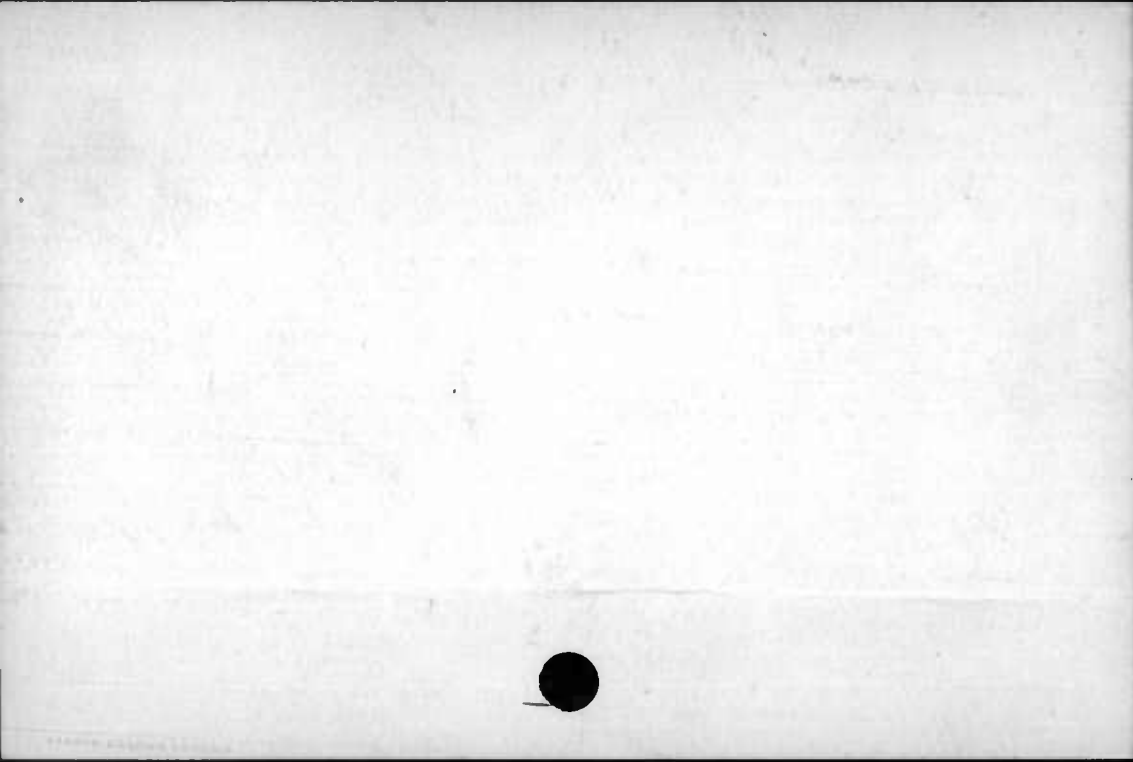
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

James Brayshaw

Address Delmar Delaware

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Ma Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County  
Date of death 190 8 Month Aug Day 29 Age 1 Years Months 9 Days  
Sex Female Color or Race White Birth-place Md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

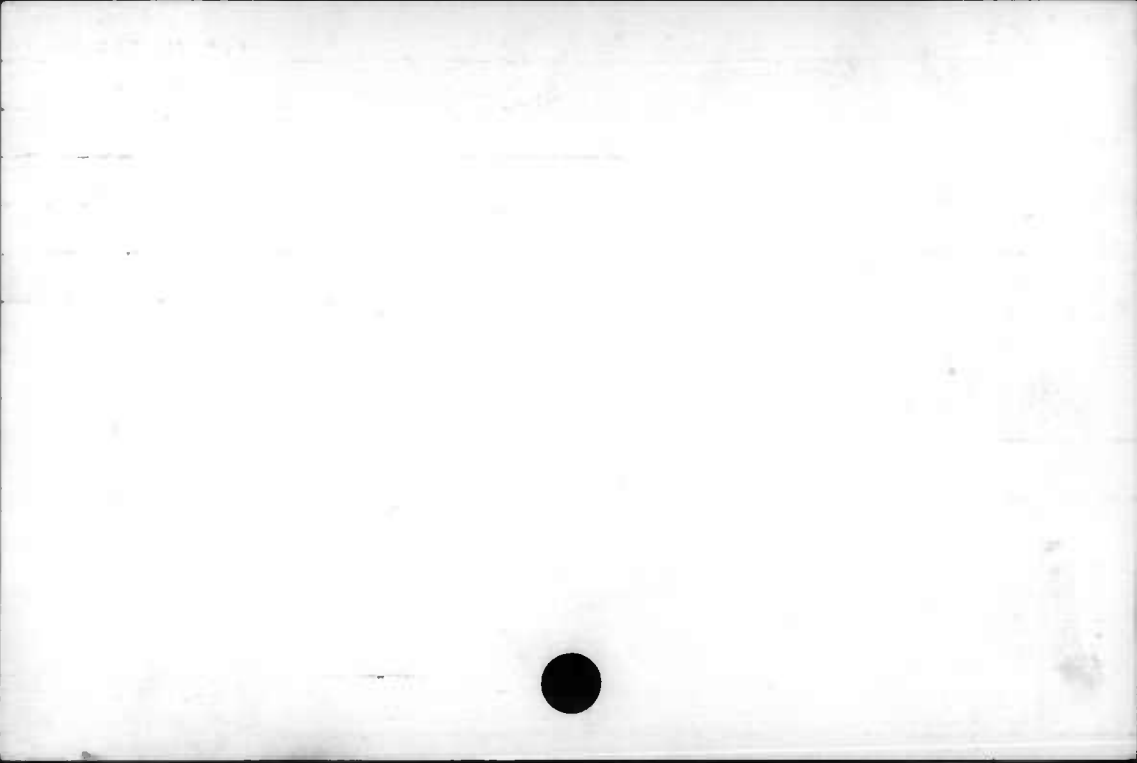
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Violet V Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

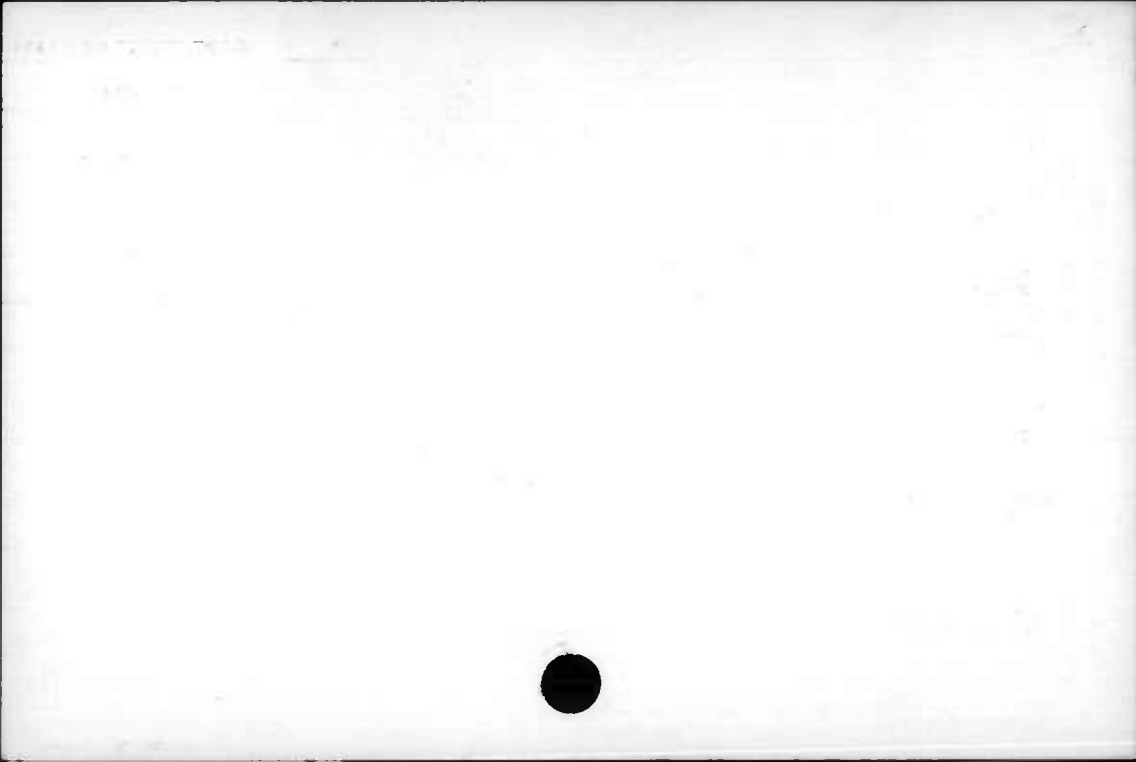
Died at <i>Salisbury</i> Town		<i>Wisconsin</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Aug</i>	Day <i>31</i>	Age	Months	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Lutherie</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Matilda Elliott</i>		Mother's Birthplace <i>MD</i>			
Name of person giving Information <i>Matilda Elliott</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Accutance</i>	How long
Immediate <i>Inanition</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. H. Clemons M.D.</i>
	Address <i>Salisbury MD</i>
Accident or Suicide	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Inez Guinnet* Town *Salisbury* County *Wicomico*  
Died at *The P. G. Hospital* MARYLAND  
Date of death 1908 *Aug* Month *18* Day *29* Age *29* Years Months Days  
Sex *Female* Color or Race *Black* Birthplace *Virginia*  
Occupation *Housewife* Where Residing if not at place of death *Franktown Va.*  
Married, Single or Widowed *Married* Name of Wife or Husband *John Guinnet*  
Father's Name *Not known* Father's Birthplace *not known*  
Mother's Maiden Name *Not known* Mother's Birthplace *" "*  
Name of person giving Information *Samuel L. Bell* How related to deceased *None*

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary *Pneumonia (over)*  
Immediate *Pulmonary abscess*

How long *6 weeks*  
How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide *No*

Patience sent up from Dec. with  
perforated sepsis -

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

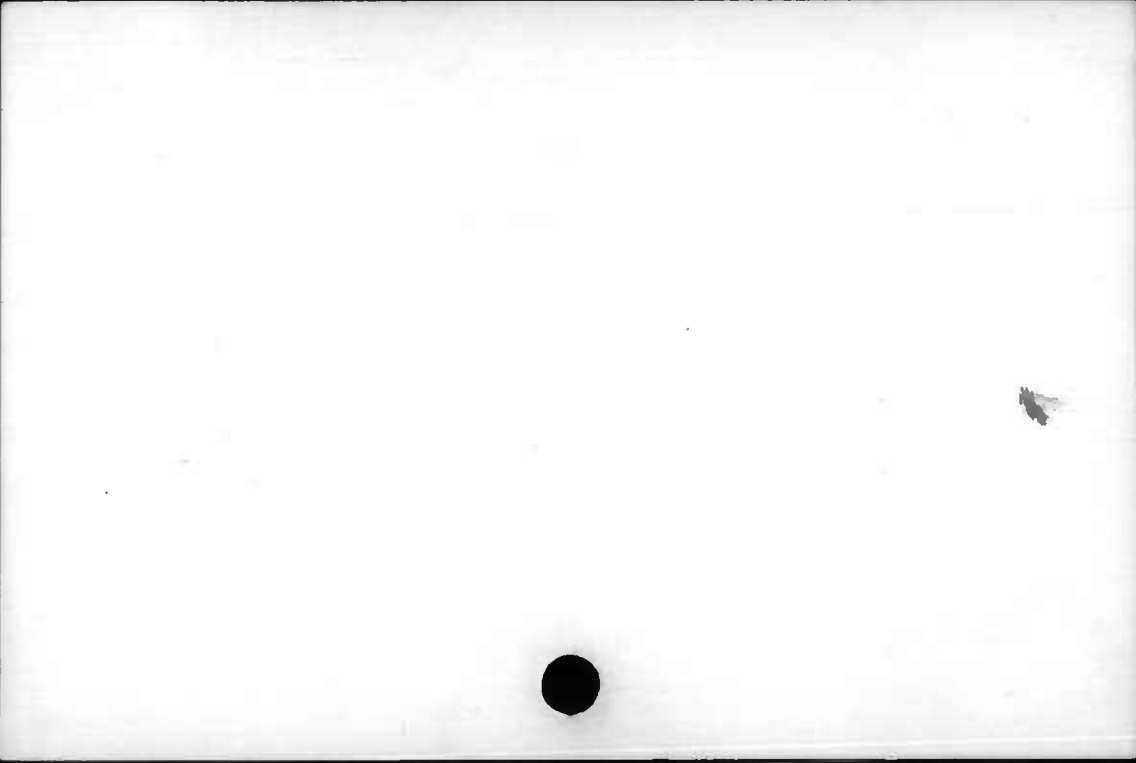
Name *Mary Glasgow* Town *Salisbury* County *Wicomico* Maryland  
Died at *Salisbury*  
Date of death 190 *8* Month *Aug* Day *22* Age *1* Years *8* Months *8* Days  
Sex *Female* Color or Race *White* Birth-place *MD*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Allen Glasgow* Father's Birthplace *MD*  
Mother's Maiden Name *Kat. Malone* Mother's Birthplace *MD*  
Name of person giving Information *Charles H. Larkow* How related to deceased *no relation*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Enteric Colitis* How long *Don't know*  
Immediate *Meningitis* How long *3 days*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. H. Todd*  
Address *Salisbury Md.*  
Accident or Suicide \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

Ray Handy

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date of death 1908

Month Aug

Day

14

Age

2

Months

6

Days

Sex

male

Color or Race

Black

Birth-place

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Handy

Father's Birthplace

Md

Mother's Maiden Name

Kate Larson

Mother's Birthplace

Md

Name of person giving information

George Nelson

How related to deceased

no relation

CAUSES OF DEATH

90

Primary

Bronchitis, Acute.

How long

Several days

Immediate

Pneumonia

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. M. Clements M.D.

Address

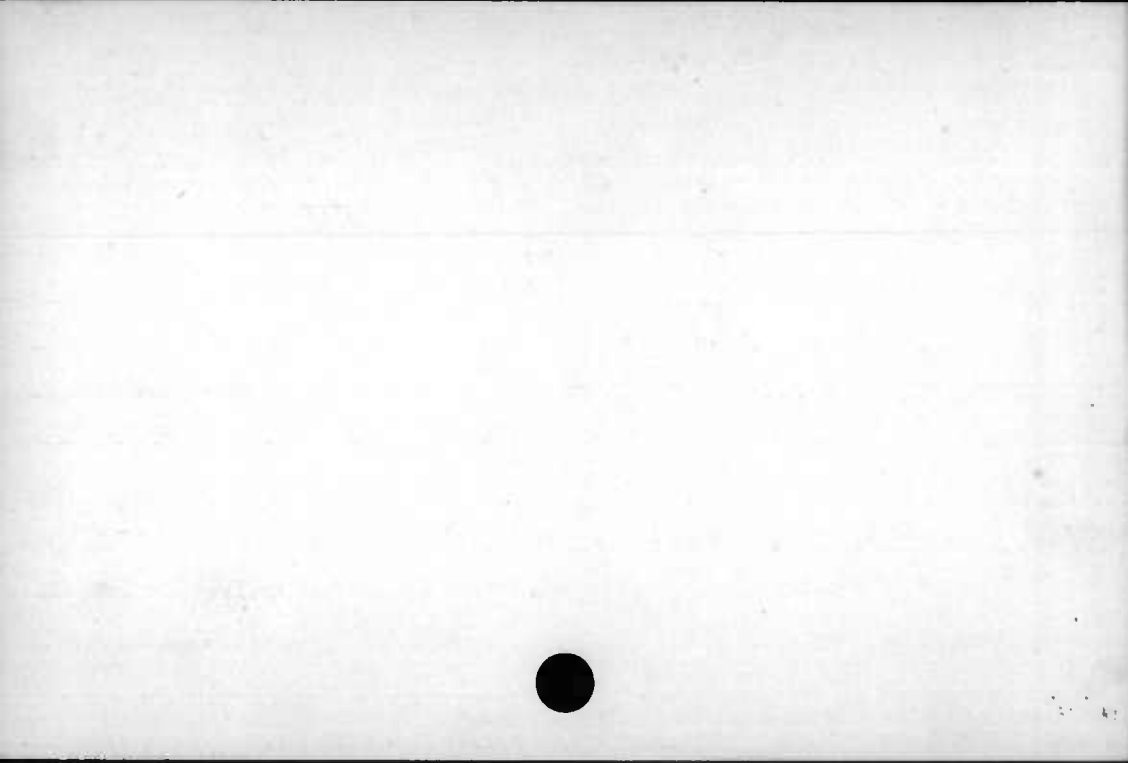
204 N. 8th St.

Salisbury Md

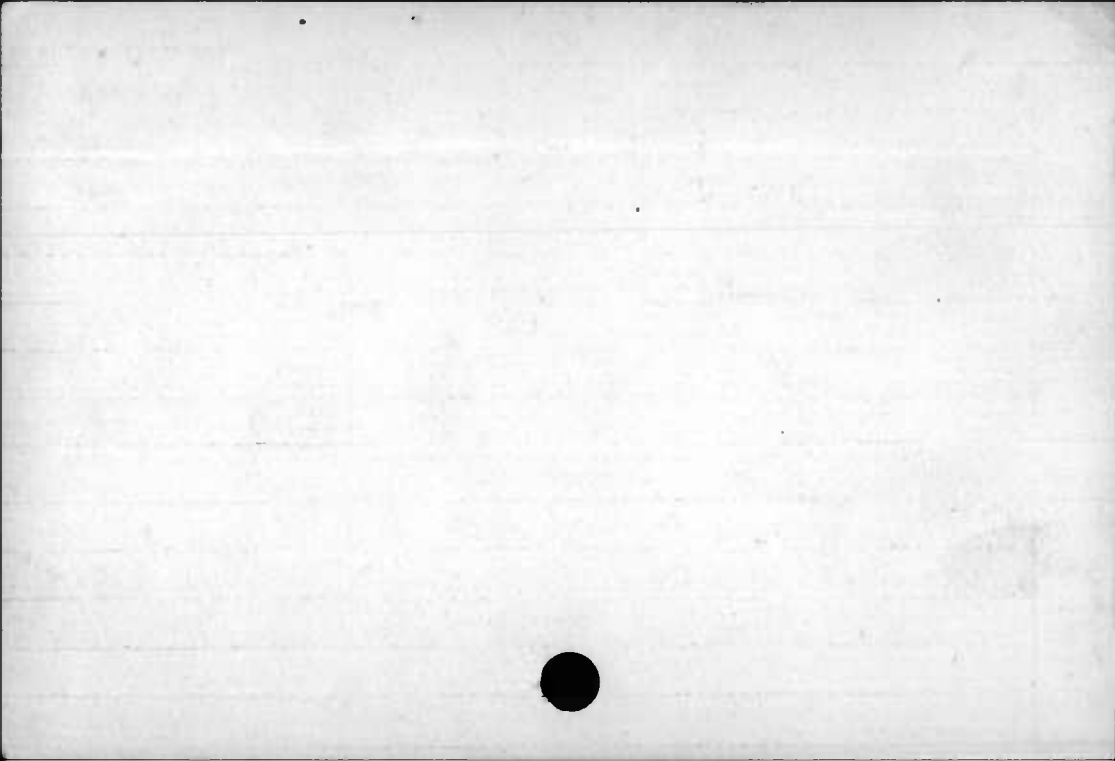
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sehmar</u> Town		County <u>Wicomico</u>	
		Date of death <u>1908 Aug</u>		Month <u>29</u> Day <u>21</u> Years <u>10</u> Months <u>17</u> Days	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Railroading</u>		Birth-place <u>Sehmar</u>	
		Where Residing if not at place of death <u>Sehmar</u>			
		Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Lala Beam</u>	
		Father's Name <u>Samuel Beam</u>		Father's Birthplace <u>Irving Hill</u>	
Mother's Maiden Name <u>Auntie Philips</u>		Mother's Birthplace <u>Shafterton</u>			
Name of person giving In formation <u>Ellen Philips</u>		How related to deceased <u>Aunt</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Typhoid Fever</u>		How long <u>4 weeks</u>	
		Immediate <u>Typhoid</u>		How long <u>4 weeks</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Robert Allegood M.D.</u>	
				Address <u>Sehmar Del</u>	
		Accident or Suicidal?			





Name  
in  
Full

Geo. B. Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* Town *Wicomico* County **MARYLAND**

Date of death *1908* Month *Aug.* Day *17th* Age *60* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Milling* Where Reaiding if not at place of dasth

Married, Single or Widowed *Divorced* Name of Wife or Huaband *E. Ella Atkins*

Father's Name *William Nelson* Father's Birthplace *"*

Mother's Maiden Name *Mahala Maddox* Mother's Birthplace *"*

Name of person giving Information *Miss Lillie White* How related to deceased *Niece*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Bright's (Kidney)* How long *Don't know*

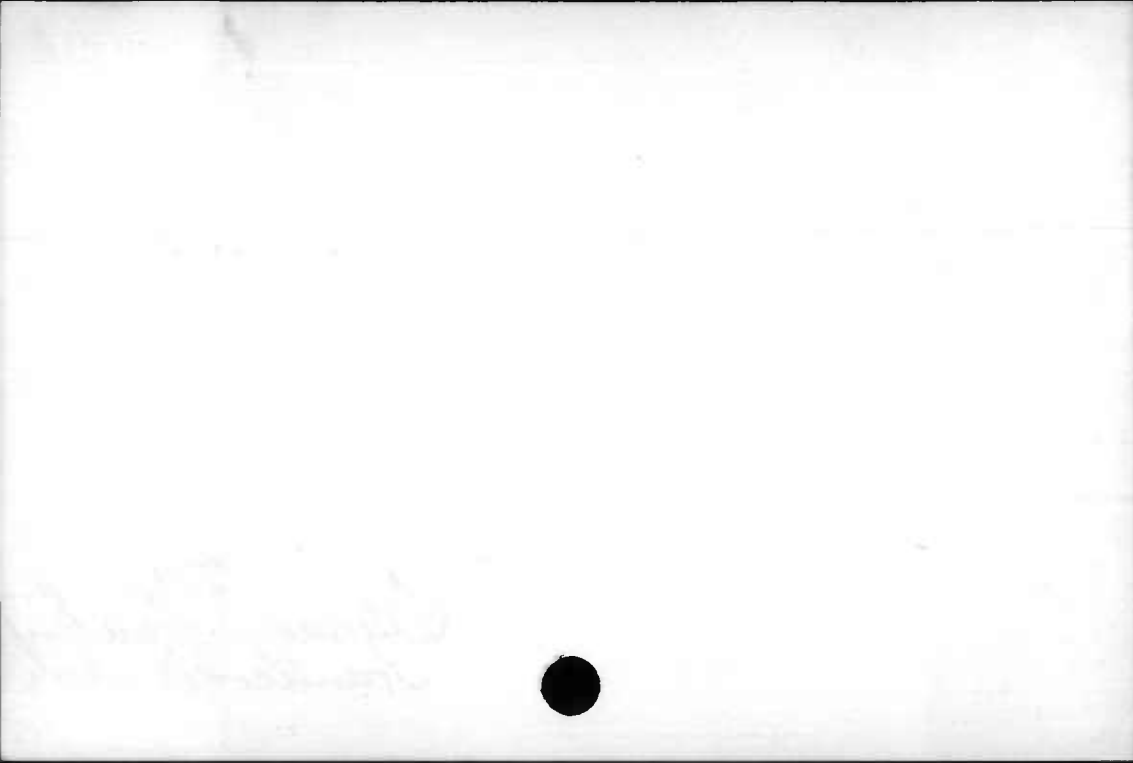
Immediate *Heart Inf. Involvement* How long *Don't know*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Geo. H. Toll*

Address *Salisbury Md*

Accident or Suicide



Name  
in  
Full

Edward S. Melvin

CERTIFICATE OF DEATH

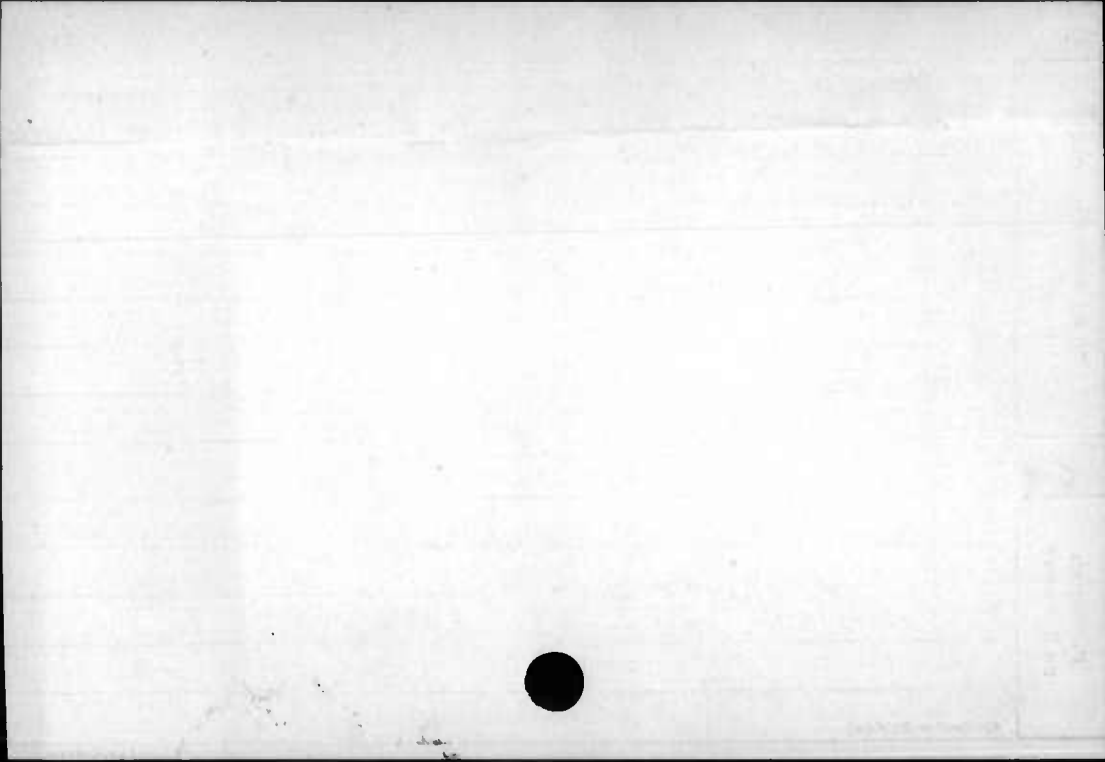
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Delmar</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month <u>8</u>	Day <u>17</u>	Age	Years <u>3</u> Months <u>5</u> Days <u>15</u>
Sex	<u>Male</u>		Color or Race	<u>White Am.</u>	Birth-place <u>Delmar</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>E. E. Melvin</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Goldie Davis</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>E. E. Melvin</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

**60**PHYSICIAN  
OR CORONER

Primary	<u>Brain Fever</u>	How long	<u>1 week</u>
Immediate	<u>Brain Fever</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Robert Ellegood M.D.</u>
		Address	<u>Delmar Del</u>
Accident or Suicide?		<u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

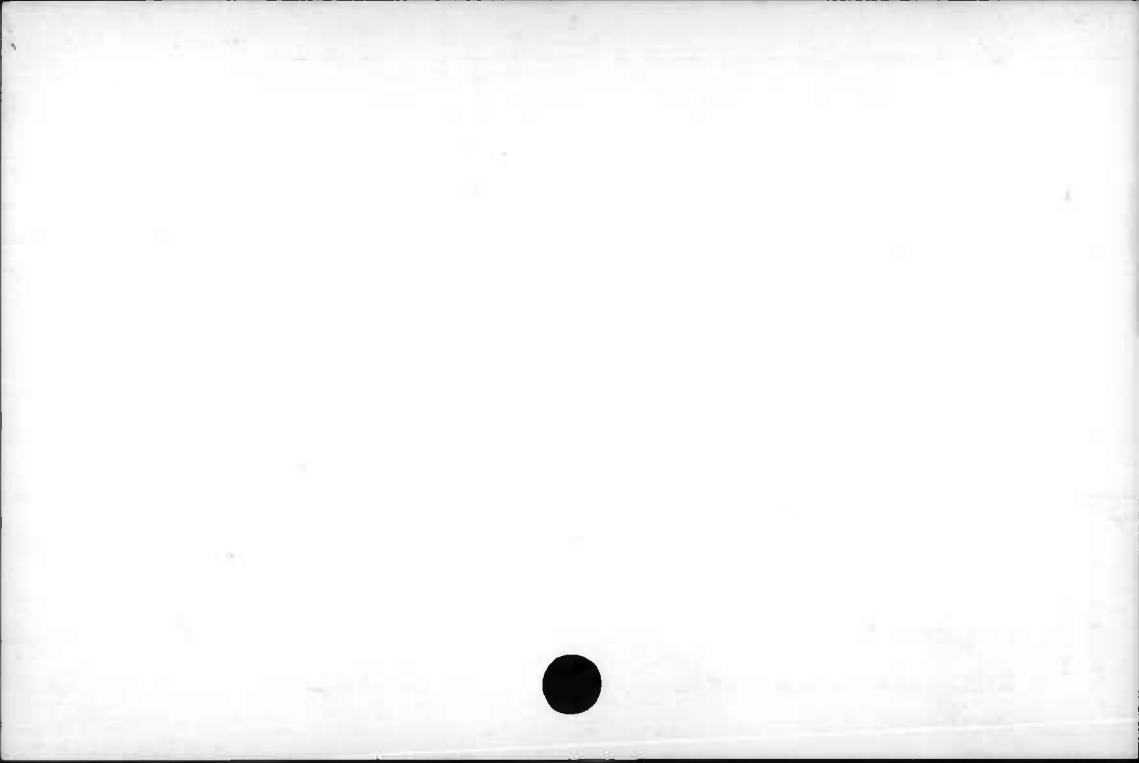
Died at		Town		County		State	
Salisbury		Salisbury		Wicomico		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1908	Aug	13 <sup>th</sup>	5	5	3		
Sex	Color or Race	Birthplace					
Female	White	Harford Co. Md.					
Occupation	Where Residing if not at place of death						
None							
Married, Single or Widowed	Name of Wife or Husband						
Single	None						
Father's Name	Father's Birthplace						
William S. Moore	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Corina Warren	"						
Name of person giving Information	How related to deceased						
William H. Riggins	Uncle						

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Gastro-Intestinal Infection	How long	3 or 4 days
Immediate	Collapse	How long	17 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. M. Clemens M.D.	
No far as I know		Address	
		Salisbury Md.	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Infant name Merron  
 Died at Salisbury <sup>Town</sup> Meoma's <sup>County</sup>

MARYLAND

Date of death 190 8 <sup>Month</sup> Aug <sup>Day</sup> 3 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race white Birth-place Salisbury Md

Occupation Infant Where Residing if not at place of death Salisbury Md

Married, Single or Widowed single Name of Wife or Husband none

Father's Name Charles Morrow Father's Birthplace Ireland

Mother's Maiden Name Laura B Carey Mother's Birthplace Md

Name of person giving Information Charles Morrow How related to deceased Father

CAUSES OF DEATH

Primary Premature Birth S How long Don't know

Immediate stillborn How long Don't know

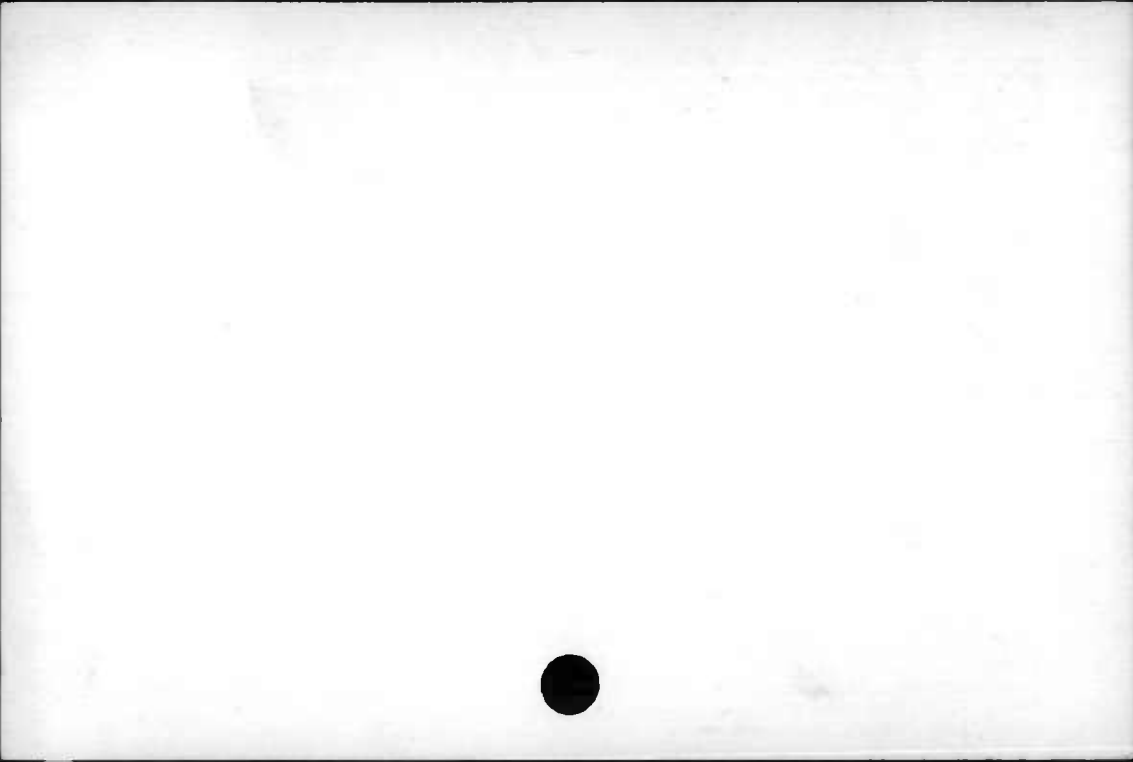
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Louis Williams Md

Address Salisbury Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

*Sallic Murray*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>7th</i>	Age <i>34</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Michael Murray</i>	Father's Birthplace <i>" " "</i>				
Mother's Maiden Name <i>Elizabeth Bonbrds</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Mrs. Mary Fields</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Excessive temperature</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>(over) J. McAdams</i>
Address <i>Salisbury Md</i>	
Accident or Suicide? <i>No</i>	

Fever, for last week of disease,  
ranged continuously from 105°  
to 108°F. - J. M. Anderson

Name In Full <i>Signer B. Nutter</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westville</i>	County <i>Micomico</i>	
	State <i>MARYLAND</i>		
	Date of death <i>1902</i>	Month <i>August</i>	Day <i>22</i>
	Age <i>48</i>	Years <i>48</i>	Months <i>3</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Westville</i>
	Occupation <i>Sailing</i>	Where Residing if not at place of death	
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mariah S. Nutter</i>	
	Father's Name <i>Jessie Nutter</i>	Father's Birthplace <i>Westville</i>	
Mother's Maiden Name <i>Abigail Nutter</i>	Mother's Birthplace <i>Westville</i>		
Name of person giving information <i>Eli Nutter</i>	How related to deceased <i>Son</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Probable injury to back while at sea</i>	How long <i>2 years ago</i>	
	Immediate <i>Hypertension</i>	How long <i>4 years</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward P. Linkin</i>	
		Address <i>Nauticoke, N.C.</i>	
	Accident or Suicide?		

Sidney, B. Fuller

Born March 12<sup>th</sup> 1857

Died Aug 22 1908

age 57 yrs

Blue Marble

verse selected

Earth has no sorrows that  
heaven cannot heal

\$18.00

Name  
in  
Full

## CERTIFICATE OF DEATH

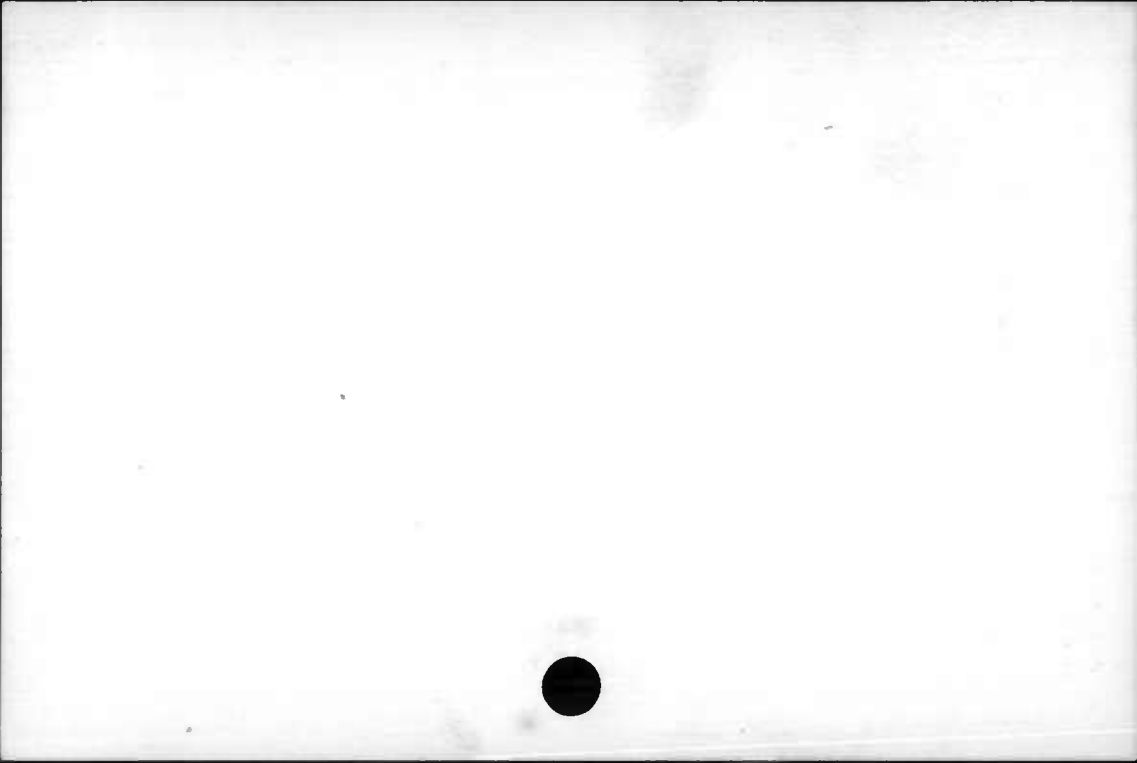
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1908	Month	Day	Age	Years	Months
		Aug.		10	60		3
Sex		male		Color or Race		white	
Occupation		clerk		Birth-place		Hacomine Co.	
Married, <del>Single</del> or <del>Widowed</del>		Where Residing if not at place of death					
Father's Name		Major Phillips		Name of Wife or Husband		Elizabeth E. Phillips	
Mother's Maiden Name		Catherine A. Williams		Father's Birthplace		Delaware	
Name of person giving Information		W. H. Phillips		Mother's Birthplace		"	
				How related to deceased		son	

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	Angina Pectoris	How long	80	Few minutes
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Harry Tull	
			Salisbury, Md.	
Accident or Suicide				



Name  
in  
Full

Maeie Phillips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Delmar* <sup>Town</sup> *Neonics* <sup>County</sup> **MARYLAND**

Date of death 190*8* <sup>Month</sup> *8* <sup>Day</sup> *29* <sup>Years</sup> *6* <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color of Race *white* Birth-place *Neonics Co. Md.*

Occupation *Child* Where Residing if not at place of death *near Salisbury*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John Phillips* Father's Birthplace *Maryland*

Mother's Maiden Name *Dora Ryall* Mother's Birthplace *Maryland*

Name of person giving Information *H. W. Ryall* How related to deceased *Grandfather*

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary *Cerebro Spinal Meningitis* <sup>How long</sup> *Six days.*

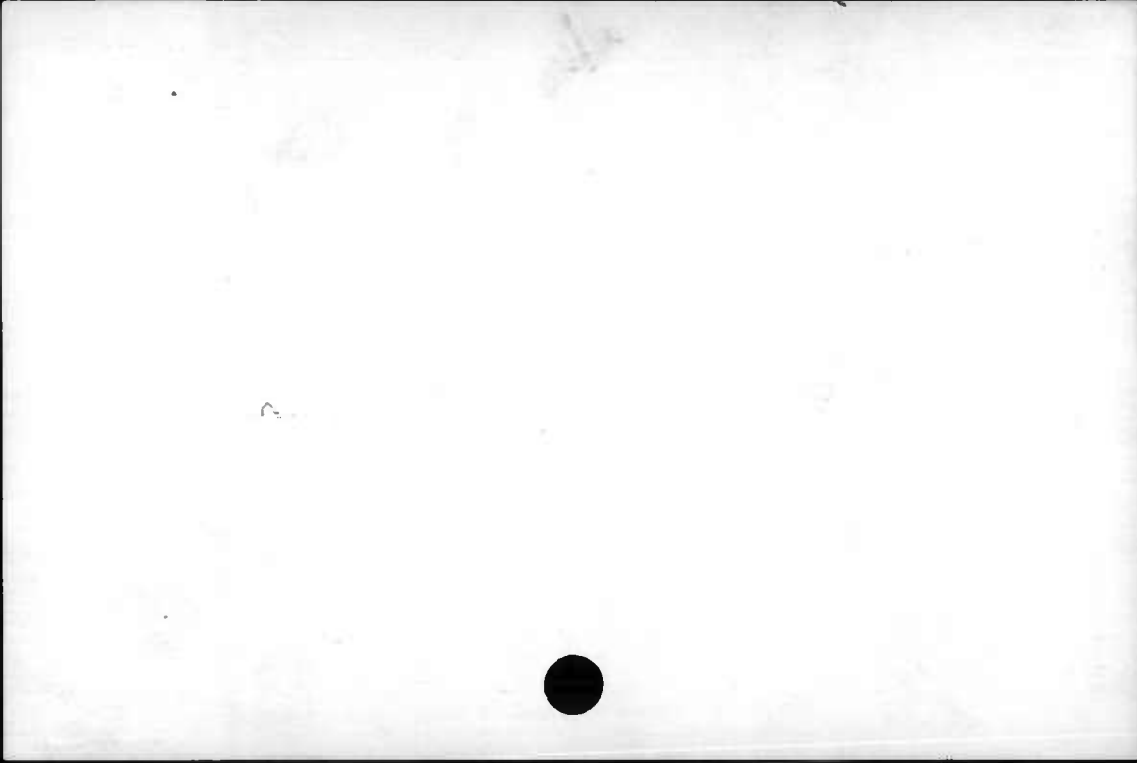
Immediate *No special symptoms other than the* <sup>How long</sup> *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Robert Ellwood M.D.*

Address *Delmar Del*

*Accident or Suicide*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Benjamin W. Burnell</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Aug</i>		Day <i>15</i>		Years <i>2</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>15</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>		Months <i>4</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Salisbury, Md</i>		Days <i>3</i>			
Married, Single or Widowed <i>none</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Orlander W. Burnell</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary D. Twiddy</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Orlander W. Burnell</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary <i>Congestion of lungs</i>	How long <i>1 day</i>
Immediate <i>Dyspnoea + heart failure</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Salisbury* <sup>Town</sup> *Wicomico* <sup>County</sup> **MARYLAND**Date of death 1908 <sup>Month</sup> *Aug.* <sup>Day</sup> *31st* <sup>Years</sup> *59* Age <sup>Months</sup> *10* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birthplace *Don't Know*Occupation *Housewife* Where Residing if not at place of death *Salisbury Md.*Married, Single or Widowed *Married* Name of Wife or Husband *John T. Richardson*Father's Name *James Scott* Father's Birthplace *Worcester Co. Md.*Mother's Maiden Name *Wonderhill* Mother's Birthplace *New York*Name of person giving Information *James B. Richardson* How related to deceased *Son*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONERPrimary *Tuberculosis* How long *1 year or more*Immediate *Quarantine & heart failure several weeks* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. M. Clemens M.D.**as far as I know* Address *Salisbury Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Sandra S. Riggins* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Month *Aug.* Day *1st* Age *1* Years *1* Months *15* Days *15*

Date of death *1908*

Sex *Female* Color or Race *White* Birth-place *Salisbury Md.*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *George B. Riggins* Father's Birthplace *Praonsburg Md.*

Mother's Maiden Name *Etta B. Parsons* Mother's Birthplace *Snow Hill Md.*

Name of person giving Information *Geo. B. Riggins* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Enteric Colitis* How long *6 weeks*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. L. Davis* Address *Salisbury, Md.*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Otis E. Shockley

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico **MARYLAND**Date of death 1908 <sup>Month</sup> Aug. <sup>Day</sup> 17 <sup>Years</sup> Age 14 <sup>Months</sup> 0 <sup>Days</sup> 2

Sex Male Color or Race Black Birth-place Salisbury Md.

Occupation School Boy Where Reeling if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James H. Shockley Father's Birthplace Salisbury Md.

Mother's Maiden Name Mary J. Holloway Mother's Birthplace Parsonsburg Md.

Name of person giving Information J. B. H. Shockley How related to deceased Father

## CAUSES OF DEATH

172

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Drowned

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Eliab H Smullen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mountland</i>		County, <i>Harrison</i>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>6 1/2</i>	Months <i>10</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary F Smullen</i>			
Father's Name <i>Eli Smullen</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mollie Smullen</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Mary F Smullen</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Initial degenerative</i>	How long <i>2 years</i>
Immediate <i>Pulmonary oedema</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Edin</i>
<i>as I know</i>	Address <i>Salisbury Ind</i>
Accident or Suicide <i>No</i>	

100-5

Name  
in  
Full

Norman O Smullen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near St Lukes Church <sup>County</sup> Wisconsin **MARYLAND**

Date of death 1908 <sup>Month</sup> Aug <sup>Day</sup> 1 <sup>Years</sup> Age 1 <sup>Months</sup> 7 <sup>Days</sup>

Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Md

Occupation Infant <sup>Where Residing if not at place of death</sup> Wisconsin Co!

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name Eli W Smullen <sup>Father's Birthplace</sup> Md

Mother's Maiden Name Lillie M Hitch <sup>Mother's Birthplace</sup> Md

Name of person giving Information Eli W Smullen <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary ~~Heart~~ Gastro-Intestinal infection <sup>How long</sup> 3 or 4 weeks

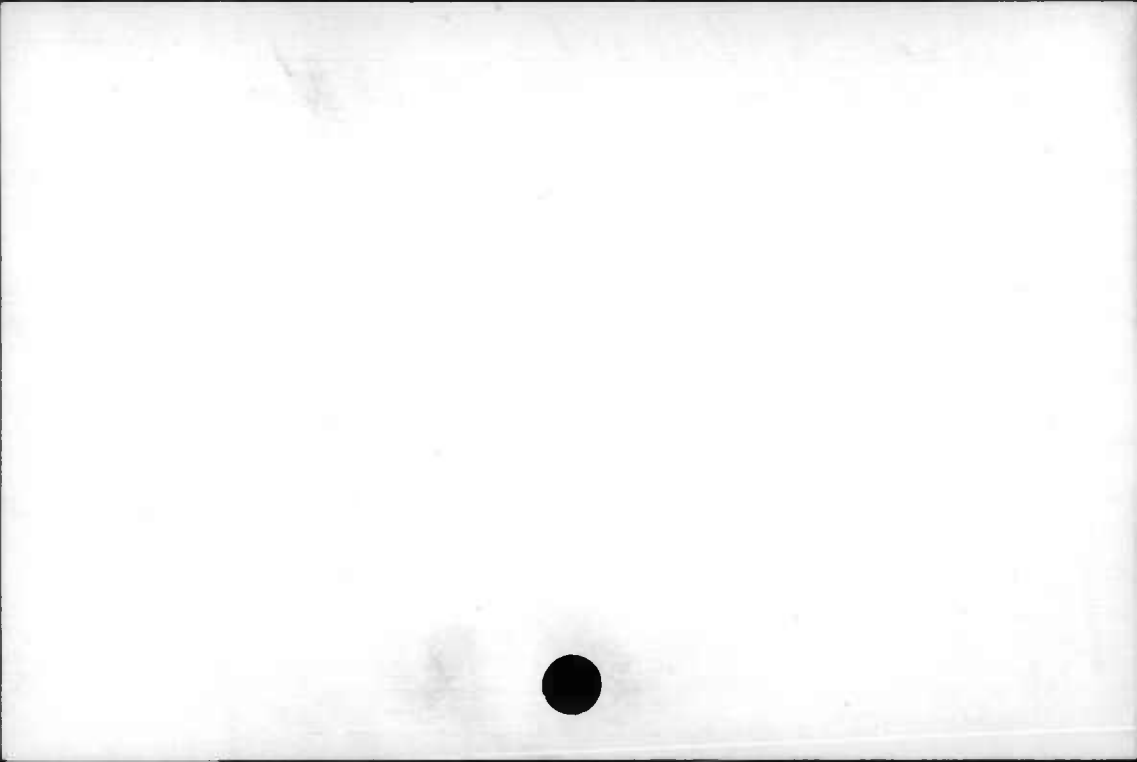
Immediate Infection & shock <sup>How long</sup> 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Louis W. Egan M.D.

Address Oakley Md.

Accident or Suicide



Name  
in  
Full

Ural F. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico MARYLAND

Date of death 1908 <sup>Month</sup> Aug <sup>Day</sup> 26<sup>th</sup> Age <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup> 12

Sex Male Color or Race White Birth-place Salisbury Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Bertram H. Stewart Father's Birthplace Talbot Co., Md.

Mother's Maiden Name Edna V. Lee, Bates Mother's Birthplace Wicomico Co., Md.

Name of person giving Information Bertram H. Stewart How related to deceased Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Alleo Colitis* How long 2 weeks

Immediate *Cholera du fontaine* How long 2 weeks

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

*O. B. Potter*  
Salisbury Md.

Accident or Suicide



Name  
in  
Full

Matilda Waller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND					
Date of death		Month <i>Aug.</i>		Day <i>27</i>		Years <i>64</i>		Months <i>7</i>		Days <i>2</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Quantico</i>							
Occupation <i>House wife</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Benj. Waller</i>									
Father's Name <i>Ballard Tenables</i>		Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>Elizabeth Chasman</i>		Mother's Birthplace <i>Unknown</i>									
Name of person giving information <i>W. D. Mill</i>		How related to deceased <i>Son-in-law</i>									

## CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

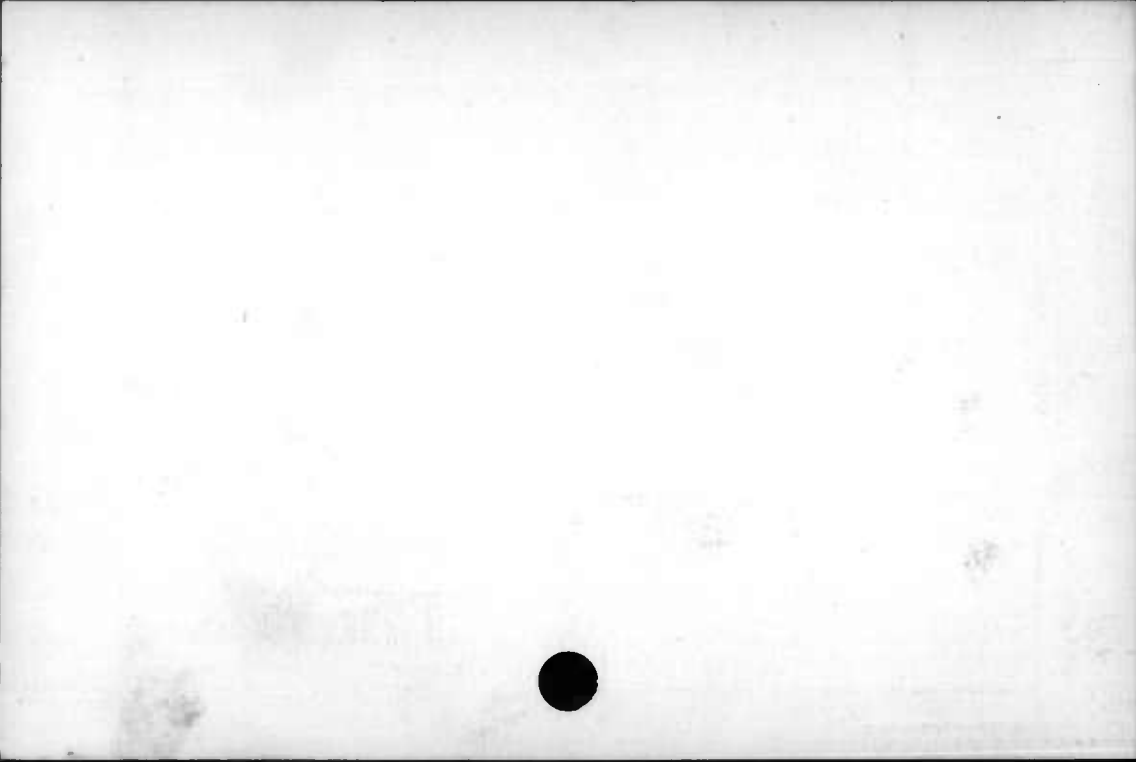
*yes*

Signature of Physician

Address

*H. C. Conaway**Hebron**MD*

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

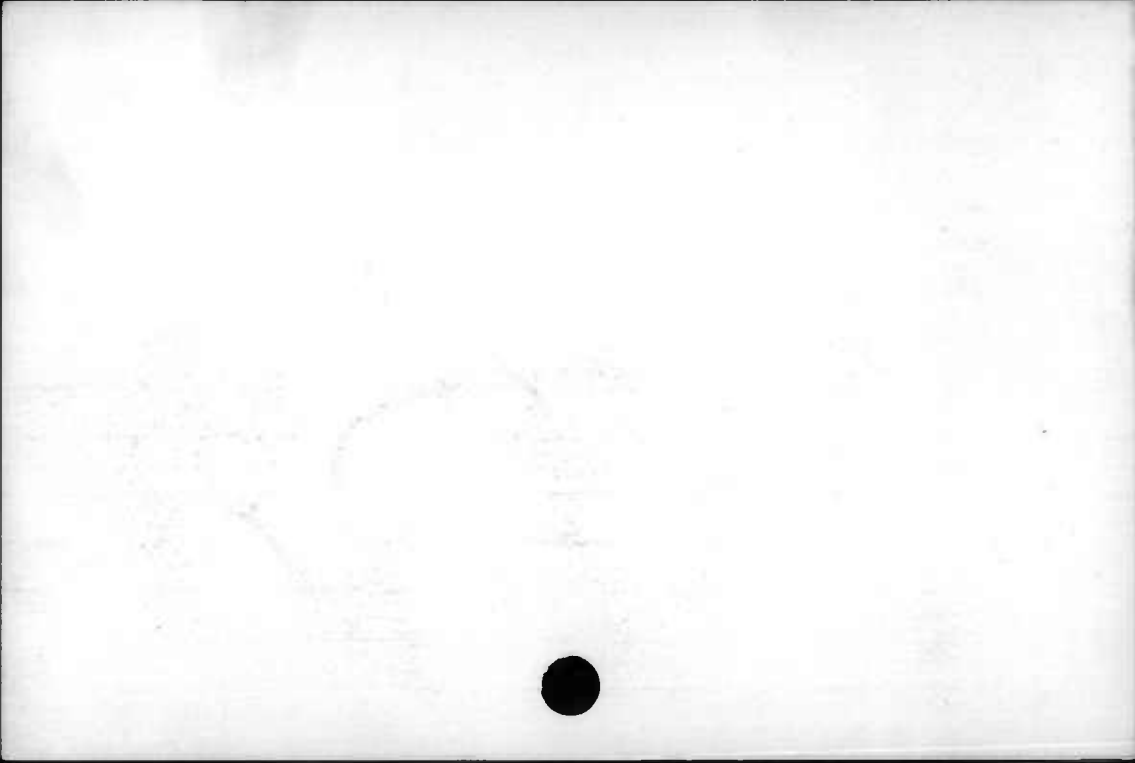
Name *Mrs Anna Stalter* Town *Allen* County *Mic*  
Died at *Allen*  
Date of death *1908 Aug 26* Age *29* Months *Aug* Days *26*  
Sex *Female* Color or Race *W* Birth-place *Mic Co*  
Occupation *Housekeeper* Where Residing if not at place of death   
Married, Single ☒ or Widowed ☐ Name of ~~Wife~~ or Husband *Jos St Stalter*  
Father's Name *Mrs Elligood* Father's Birthplace *Unknown*  
Mother's Maiden Name *Christine Fierman* Mother's Birthplace *Unknown*  
Name of person giving information *Stalter King* How related to deceased *Cousin*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary tuberculosis* How long   
Immediate  How long   
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J St King*  
Address *Allen*  
Accident or Suicide? ☒



Name  
in  
Full

Emily E Wilkenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> MARYLAND

Date of death 190 8 <sup>Month</sup> Aug <sup>Day</sup> 16 Age 39 <sup>Years</sup> Months Days

Sex Female Color or Race White Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, Single Single or ~~Widowed~~ Name of ~~Wife~~ or Husband George T Wilkinson

Father's Name William I Jones Father's Birthplace Md

Mother's Maiden Name Rhoda J Bramble Mother's Birthplace Md

Name of person giving Information George T Wilkinson How related to deceased Husband

## CAUSES OF DEATH

Primary

Dysentery

How long

2 weeks

Immediate

Intestinal Hemorrhage

How long

12 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

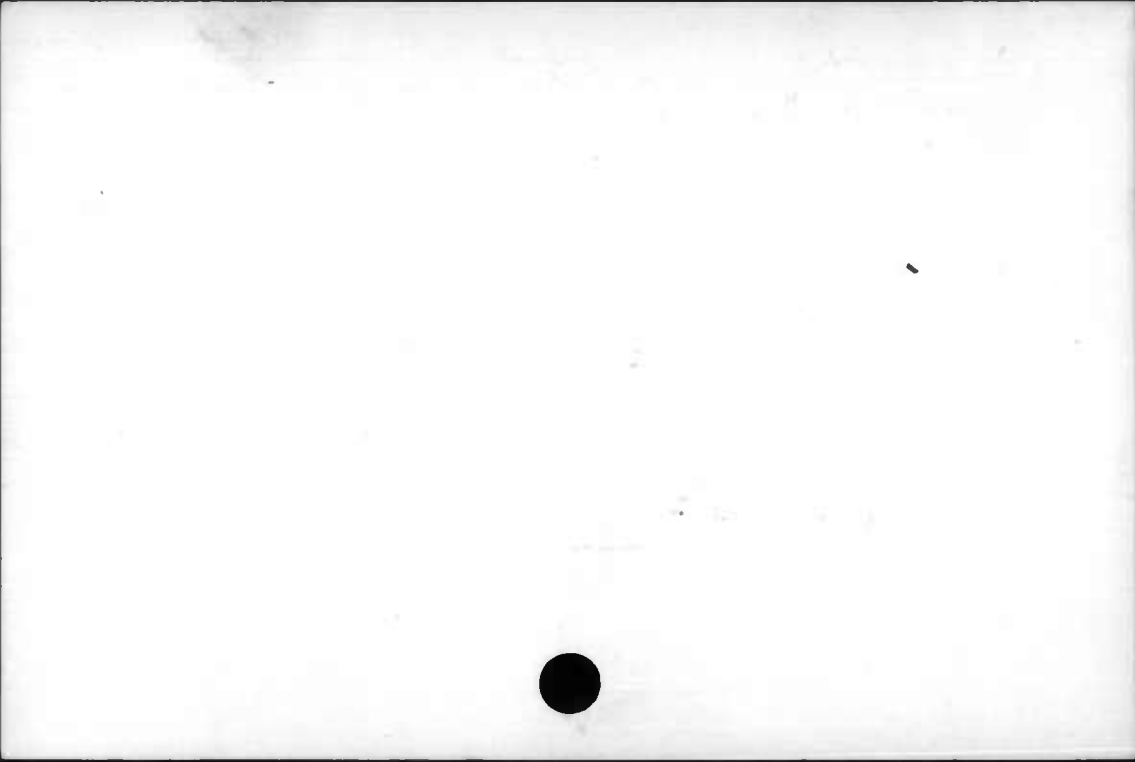
Signature of Physician

Address

as I knowJ. J. L. L. L.  
Salisbury Md

Accident or Suicide

NoPHYSICIAN  
OR CORONER



Name  
in  
Full

Clifford Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

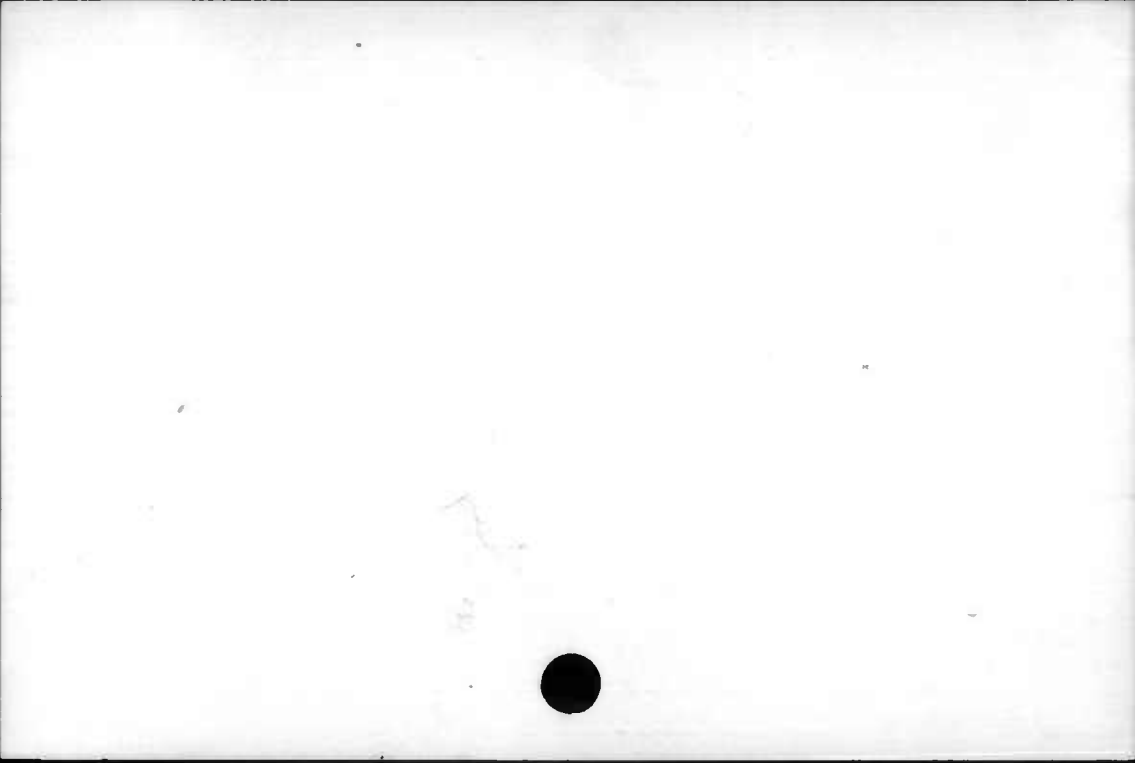
Died at		Town Shad Point		County Wicomico		MARYLAND	
Date of death		Month Aug.	Day 18 <sup>th</sup>	Age	Years 2	Months 6	Days
Sex Male		Color or Race White		Birth-place Shad Point			
Occupation None		Where Residing if not at place of death Shad Point					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name George Williams		Father's Birthplace Shad Point Md.					
Mother's Maiden Name Irene Fields		Mother's Birthplace Deals Island Md.					
Name of person giving Information Charles W. Fields		How related to deceased Uncle					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Bactr-intestinal infection	How long	2 or 3 weeks
Immediate	Immunization & heart failure	How long	1 week or more
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Lemuel W. Kemmis M.D.	
Address		Pahsby Md.	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of D. Herbert Williams

Died at

Salisbury

Town

County

Thommes

MARYLAND

Date

of death 1908

Month

Aug.

Day

6th

Years

Age

0

Months

1

Days

13

Sex

Male

Color or  
Race

White

Birth-  
place

Salisbury Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

D. Herbert Williams

Father's  
Birthplace

Salisbury Md.

Mother's  
Maiden Name

Beatrice Barnett

Mother's  
Birthplace

Somerset Co. Md.

Name of person giving  
Information

Harry K. Williams

How related  
to deceased

Uncle

## CAUSES OF DEATH

105

Primary

Bacterial intestinal infection

How long

several weeks

Immediates

Dysentery

How long

several weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Louis W. Morrisson  
Salisbury Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Sarah Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Home</i>		Town <i>near Delaware</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1908	Month	8	Day	1	Age	35
Sex	Female	Color or Race	White		Birth-place	Delaware	
Occupation	Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband <i>James Wilson</i>				
Father's Name	<i>Wm. Hitchens</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Lizzie Hitchens</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Heart Failure</i>	How long	<i>5 years</i>

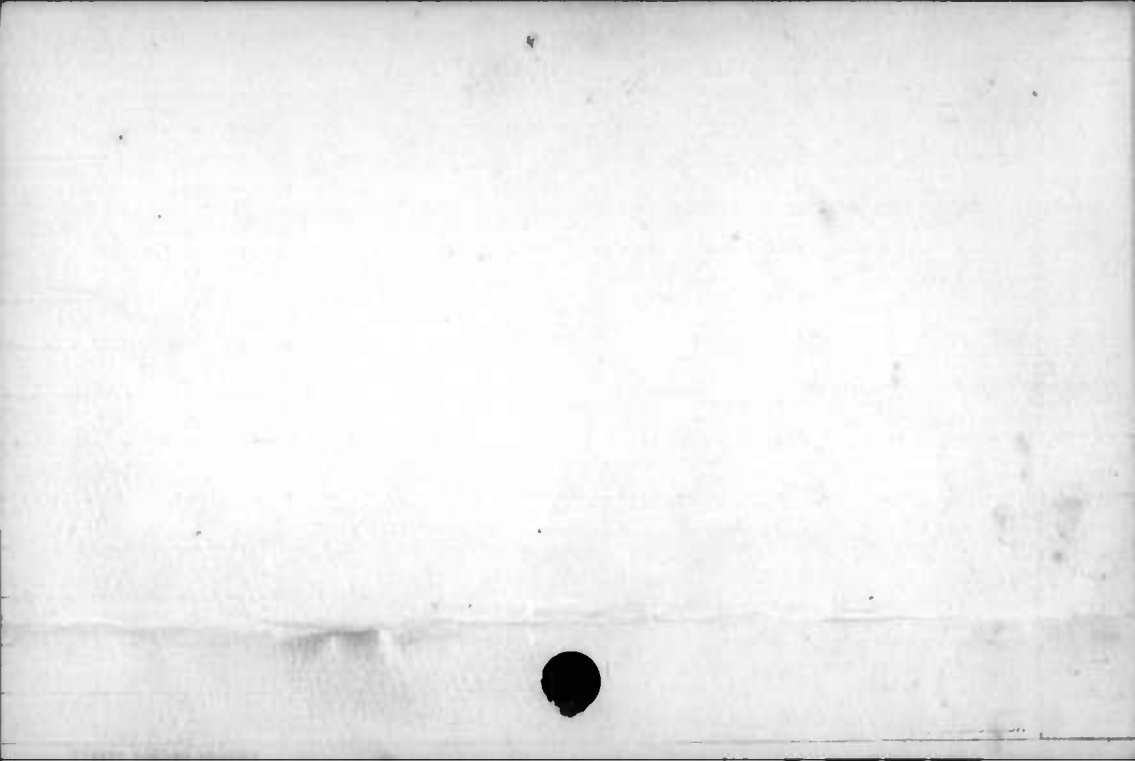
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*James Brayshaw*  
*Delmar*  
*Delaware*

Accident or Suicide?



Name  
in  
Full

Larry Workman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pittsville		County Wicomico		MARYLAND	
Date of death		1908	Month 8	Day 26	Age 23	Years 0	Months 1
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Mill hand				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband Sadie Dukes					
Father's Name J. G. Workman				Father's Birthplace Delaware			
Mother's Maiden Name Laura Melson				Mother's Birthplace Maryland			
Name of person giving information Physician				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	Three weeks
Immediate	Heart Failure	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. C. Greeny	
		Address Pittsville, Md.	
Accident or Suicide?		Natural	

